

UNITED STATES BANKRUPTCY COURT
Central DISTRICT OF California

Name of Debtor (If Individual, enter Last, First, Middle): HEALTH SOURCE MEDICAL GROUP, INC.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):
Soc. Sec./Tax I.D. No. (if more than one, state all): 95-4019629	Soc. Sec./Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State, & Zip Code): 150 N. Robertson Blvd., Suite 350N Los Angeles, CA 90211 Attn: David Frisch, M.D.	Street Address of Joint Debtor (No. & Street, City, State, & Zip Code):
County of Residence or of the Principal Place of Business: Los Angeles County	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): N/A	Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from street address above):	

Venue (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
 There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
 This petition is being filed by a corporation or partnership under chapter 11 and the debtor acknowledges that a Venue Disclosure Form is required to be filed by General Order 97-02.

Type of Debtor (Check all boxes that apply)

Individual(s)	Railroad
Corporation	Stockbroker
Partnership	Commodity Broker
Other: _____	

Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)

Chapter 7 Chapter 11 Chapter 13
 Chapter 9 Chapter 12
 Sec. 304 - Case Ancillary to foreign proceeding

Filing Fee (Check one box)

Full Filing Fee attached
 Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

Statistical/Administrative Information (Estimates only)

THIS SPACE FOR COURT USE ONLY

 Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

11/07/2000 **FILED** 15:53

LA00-41289SB

DEBTOR:

HEALTH SOURCE MEDICAL GROUP IN

JUDGE: HON. S. Bufford - 359

TRUSTEE: CH: 11 (INCOMPLETE)
341A MTG:

ADR:

Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1000+
	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

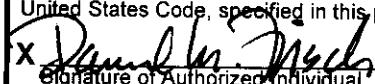
Estimated Assets

\$0- \$50,000	\$50,001- \$100,000	\$100,001- \$500,000	\$500,001- \$1 million	\$1,000,001- \$10 million	\$10,000,001- \$50 million	\$50,000,001- \$100 million	More than \$100 milli
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts

\$0- \$50,000	\$50,001- \$100,000	\$100,001- \$500,000	\$500,001- \$1 million	\$1,000,001- \$10 million	\$10,000,001- \$50 million	\$50,000,001- \$100 million	More than \$100 milli
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLERK, U.S. BANKRUPTCY COURT
 CENTRAL DISTRICT OF CALIF. ID: 716
 RECEIPT NO: LA-043215 \$ 830.00

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): HEALTH SOURCE MEDICAL GROUP, INC.	FORM B1, Page 2
Location Where Filed: NONE	Case Number: N/A	Date Filed: N/A	
Name of Debtor: NONE	Case Number: N/A	Date Filed: N/A	
District: N/A	Relationship: N/A	Judge: N/A	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  Signature of Authorized Individual	
X _____ Signature of Debtor	X <u>David Frisch</u> Printed Name of Authorized Individual		
X _____ Signature of Joint Debtor	President/Chairman of the Board Title of Authorized Individual		
Telephone and Fax Number (If not represented by attorney)	November 7, 2000		
Date	Date		
Signature of Attorney  Signature of Attorney for Debtor(s) <u>Samuel R. Maizel, Esq.</u> Printed Name of Attorney for Debtor(s) <u>Pachulski, Stang, Ziehl, Young & Jones</u> Firm Name <u>10100 Santa Monica Blvd.</u> Address <u>Suite 1100</u> <u>Los Angeles, California 90067-4100</u> P: 310-277-6910 F: (310) 201-0760 Telephone and Fax Number <u>11/07/00</u> <u>189301</u> Date Bar Number		Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed or Typed Name of Bankruptcy Petition Preparer Social Security Number Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.	
Exhibit "A" (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.			
Exhibit "B" (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.			
X _____ Signature of Attorney for Debtor(s) Date		X _____ Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.	